

Approval Form for Thesis Proposal and Appointment of Thesis Proposal Examination Committee 1.3 (M.Sc.)

Name-Surname Program Field of Study

Chulalongkorn University Regulation, 2018		Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate Education
Number of Examination Committees	Not less than 3 persons Ex. Chairperson + Thesis Supervisor + External Expert <u>or</u> Chairperson (External) + Thesis Supervisor + Member (Internal) (Supervisor and Co-Supervisor shall be counted as one)		
1. Chairperson Name	1. Head of Program or Head's representative <u>and</u> 2. Not be a thesis supervisor or co-supervisor <u>and</u> In case of Curriculum Instructor/ Full-time lecturer 1. Holding a Doctoral degree/ Equivalent <u>or</u> Assoc. Prof. with not less the Master's degree <u>and</u> 2. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper In case of External Scholar 1. Holding a Doctoral degree/ Equivalent <u>and</u> 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic		
2. Thesis/ IS Supervisor Name	1. Curriculum Instructor (In list of มคอ.2/ add on in สมอ.08 list) and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree <u>and</u> 3. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper		
2.1 Co-Supervisor (If Applicable) Name	In case of Faculty Member 1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> 2. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper In case of External Scholar 1. Holding a Doctoral degree/ Equivalent <u>and</u> 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic		
3. Member (External Expert)	1. Holding a Doctoral degree/ Equivalent <u>and</u> 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers of international level with not less than 5 papers Which fit/ related with Thesis/ IS topic		
4. Member (If Applicable) Name	1. Be a Curriculum Instructor (In name list of มคอ.2/ add on in สมอ.08 list) or Faculty Member and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic record* of at least 3 works in the last 5 years. With at least one research paper		
5. Member (If Applicable) Name	1. Be a Curriculum Instructor (In name list of มคอ.2/ add on in สมอ.08 list) or Faculty Member and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic record* of at least 3 works in the last 5 years. With at least one research paper		

*Academic works should not be the part of study for a degree and should be published as per regulation of consideration for appointing an academic position.

In case of new Lecturer with Ph.D. Even Lecturer doesn't have any academic paper after graduated but to be qualified as a Thesis Supervisor or Examiner for M.Sc. or Ph.D., Lecturer should have academic paper at least 1 paper within 2 years or 2 papers within 4 years or 3 papers within 5 year.

In case of External Scholar which doesn't match the qualification of degree/ academic works as stated should be appointed as a specialist with admitted experience which related to Thesis/ IS topic by approval from university and informed to OHEC.

Documents	Criteria/ Details	Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate
1. Memorandum from Department/ Program	Number of letter from Department/ Program + Signature of Head of Department/ Head of Curriculum		
2. Approval form for Thesis proposal, Approval form for Thesis outline, and Proposal form for examination committee (1.3)	1. Corrected thesis topic for both Thai and English languages on every page 2. Completed form/ information (Semester, Student ID., Program, Field of Study, Thesis credits) 3. Name-Surname + academic position of examination committee 4. Specify time and date which qualified from the curriculum management committee + signature of programs secretary 5. Specify time and date which qualified with ethical review (If Any)		
3. Details about the research ethics request (If experiment in human/ animal)	Name of topic in document is matched with form 1.3 / Evidence of Ethics Approval Status, Information from B.1 and B.2		
4. Report of Thesis proposal test	Name of topic in document/ corrected name from committee is matched with every pages of form 1.3		
5. CV of examination committee	Attached CV of every examination committee followed by form 1.3		
6. Request for Thesis proposal in IThesis	https://ithesis.grad.chula.ac.th/ Specify name of topic in both Thai-English languages and lists of examination committee to be the same as documents		
7. Study Report (CR60) and Student registration results (CR54)	Since the first semester until the present		
8. Letter of Consent for all External Committees	The external committee of the university completes the form and signs it.		

Certified correct information by Chulalongkorn University Regulation, 2018

Student
 (.....)/...../.....

Supervisor
 (.....)/...../.....

Submitted to The Executive Board of Faculty of Dentistry, Chulalongkorn University

(USE CAPITAL LETTERS ONLY)

Department _____ Field of Study _____.

Course-work and Dissertation)

Detailed research procedures and methods

Please draw straight lines in the blank space, numbering 1 to 18, to represent the lengths of time for the various steps in the conduct of research.

(Month and Year the Research Starts)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Expected benefits from this research

1.
2.
3.

Signature Graduate Student

(.....)

Date/...../.....

A. Research that **does not require** consideration by a human ethics committee and/or experimental animals is at the discretion and responsibility of the thesis advisor.

A. (In the case that the thesis work does not require human studies and/or the use of experimental animals.)	
<p>B. 1 Advisor's opinion and</p> <p><input type="checkbox"/> The thesis advisor agreed that there was no need to conduct experiments on humans and/or animals.</p> <p>Comment</p> <p>Signature</p> <p>(.....)</p> <p>Thesis Supervisor</p> <p>...../...../.....</p>	<p>B. 2 Associate Dean for Academic Affairs and Graduate Studies's opinion after considering the thesis proposal</p> <p><input type="checkbox"/> This thesis work must require ethical consideration.</p> <p><input type="checkbox"/> This thesis work does not require ethical consideration.</p> <p>Signature</p> <p>(.....)</p> <p>(Associate Dean for Academic Affairs and Graduate Studies)</p> <p>...../...../.....</p>

B.1 Research that **does require** consideration by a human ethics committee and/or experimental animals.

A. (In the case that the thesis work must study human studies and/or the use of experimental animals.)	
<p>Approved by <input type="checkbox"/> Institutional Animal Care and Use Committee</p> <p>Faculty of</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment</p>	<p>Approved by <input type="checkbox"/> Human Research Ethics Committee</p> <p>Faculty of</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment</p>

B.2 Research that **does require** consideration by a human ethics committee and/or experimental animals, in the procedure of requesting approval.

<p>- Please specify the request/research project number from the committee.</p> <p>Request/Research Project Number..... Dateas detailed in the attachment</p> <p>* Students have to submit the document "Result of Human/Animal Research Ethics Approval" and must receive unconditional approval within two semesters. and forward it to the department staff for further action.</p> <p>** In the event that the thesis title does not match the thesis proposal document that has been reviewed by the Faculty Executive Committee, the student must resubmit the document</p>

List of Thesis Examination Committee Members

.....	Chairperson	<input type="checkbox"/> Chula Staff	<input type="checkbox"/> External Scholar
.....	Thesis Supervisor		
.....	Co-Supervisor (If Any)		
.....	Co-Supervisor (If Any)		
.....	Member	<input type="checkbox"/> Chula Staff	<input type="checkbox"/> External Scholar
.....	Member	<input type="checkbox"/> Chula Staff	<input type="checkbox"/> External Scholar
.....	Member	<input type="checkbox"/> Chula Staff	<input type="checkbox"/> External Scholar
.....	Member	<input type="checkbox"/> Chula Staff	<input type="checkbox"/> External Scholar

Signature

(.....)

Graduate Student

Date ____/____/____

Signature

(.....)

Thesis Supervisor

Date ____/____/____

Signature

(.....)

Head of department / Program Director

Date ____/____/____

Signature

(Professor Thanaphum Osathanon, D.D.S., Ph.D.)

Associate Dean for Academic Affairs and Graduate Studies

Date ____/____/____

This was approved by the meeting in the following order:

1. The program committee at the meeting No Date/...../.....
2. The faculty board at the meeting No Date/...../.....

.....

Students must attach documents containing the following:

1. Evaluation of the thesis proposal examination
2. Results of ethical considerations for research in human's / laboratory animals as well as evidence of support documents for those in the process of requesting ethics approval, such as memo or emails from research and development department.
3. CV of examination committee (Academic works should not be the part of study for a degree)
4. Letter of Consent for all External Committees



แบบฟอร์มยินยอมให้ข้อมูล (Letter of Consent)

เรียน คณบดีคณะทันตแพทยศาสตร์
(Dear Dean, Faculty of Dentistry)

ข้าพเจ้า (I) Full Name TH _____
Full Name EN _____
เลขที่บัตรประชาชน Citizen ID / Passport _____
อีเมล Email _____
หน่วยงานต้นสังกัด Affiliation _____



ข้าพเจ้ายินยอมให้ข้อมูลข้างต้นสำหรับเพิ่มเข้าโปรแกรมการบริหารจัดการวิทยานิพนธ์ (iThesis) เพื่อปฏิบัติหน้าที่เป็น
คณะกรรมการสอบวิทยานิพนธ์ของนิสิตคณะทันตแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย เท่านั้น

I consent to the above information being added to the thesis management program (iThesis), perform duties as a
thesis examination committee for students in the Faculty of Dentistry, Chulalongkorn University only.

ชื่อ-นามสกุลนิสิต (First-Surname Student) _____
หลักสูตร (Department) _____ สาขาวิชา (Field of Study) _____

ลงนาม(Signed)
(.....)

ผู้ยินยอมให้ข้อมูล (Consenter)
วันที่ (Date).....

สอบถามข้อมูล (Contact) ฝ่ายวิชาการและบัณฑิตศึกษา (Academic Affairs and Graduate Department) Tel : 02-218-9036
Email: graddentcu@gmail.com